

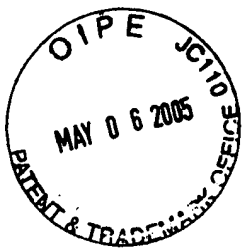
TRANSMITTAL FORM <small>(To be used for all correspondence after initial filing)</small>		Application Number	10/621,229
		Filing Date	July 15, 2003
		First Named Inventor	Legarda Ibanez
		Art Unit	1614
		Examiner Name	Jennifer Kim
Total Number of Pages in This Submission	61	Attorney Docket Number	55979/314589

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/21 transmittal form return postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Kilpatrick Stockton LLP		
Signature	<i>Kristin Crall</i>		
Printed Name	Kristin M. Crall		
Date	May 4, 2005	Reg. No.	46,895

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Signature	<i>Sandee Whitley</i>		
Typed or printed name	Sandee Whitley	Date	May 4, 2005

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Attorney Docket No. 55979/314589 (0100US)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: LEGARDA IBANEZ

Serial No.: 10/621,229

Group Art Unit: 1614

Filed: July 15, 2003

Examiner: Jennifer Kim

For: USE OF FLUMAZENIL IN THE PRODUCTION OF A DRUG FOR THE
TREATMENT OF ALCOHOL DEPENDENCY

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

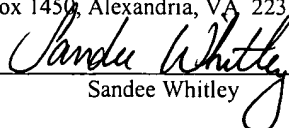
Sir:

In accordance with Rules 56, 97, and 98 of the Rules of Practice in Patent Cases (37 C.F.R. §§ 1.56, 1.97, and 1.98), the publications listed on the modified Form PTO/SB/08A are enclosed with this submission for consideration by the Examiner.

Submission of the references provided in this Information Disclosure Statement is not intended to constitute an admission that any reference referred to herein is prior art for this invention unless specifically designated as such. Also, in accordance with 37 C.F.R. § 1.97(g), the filing of this Information Disclosure Statement shall not be construed to mean that an exhaustive search has been made or that no other material information as defined in

CERTIFICATE OF MAILING (37 CFR 1.8a)

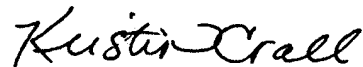
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Sandee Whitley

37 C.F.R. § 1.56(a) exists.

This Information Disclosure Statement is being filed before the issuance of a first office action on the merits of the application (37 C.F.R. 1.97(b)(3)); therefore, no fee is believed to be due. If a fee is due, the Commissioner is authorized to charge such fee and any additional fees that may be due or credit any overpayment to Deposit Account No. 11-0855.

Respectfully submitted,

A handwritten signature in black ink that reads "Kristin Crall". The signature is written in a cursive, flowing style.

Kristin Mallatt Crall
Registration No. 46,895

Date: May 4, 2005

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PTO/SB/08a (08-03)
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**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

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Sheet 2 of 2

Complete if Known

Application Number	10/621,229
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First Named Inventor	Legarda Ibanez
Art Unit	1614
Examiner Name	Jennifer Kim
Attorney Docket Number	55979/314589 (0100US)

NON PATENT LITERATURE DOCUMENTS

Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	1	American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Washington, D.C., American Psychiatric Association, 1994, pp. 194-204.	
	2	BUCK, K. J., Reversal of Alcohol Dependence and Tolerance by a Single Administration of Flumazenil, The Journal of Pharmacology and Experimental Therapeutics, 1991, Vol. 257, No. 3, pp. 984-989.	
	3	FILE, S.E., Effects of Nitrendipine, Chlordiazepoxide, Flumazenil and Baclofen on the Increased Anxiety Resulting from Alcohol Withdrawal, Prog. Neuro-Psychopharmacol & Biol. Psychiatry, 1992, Vol. 16, No. 1, pp. 87-93.	
	4	GERRA, G., Effectiveness of Flumazenil in the Treatment of Ethanol Withdrawal, Current Therapeutic Research, July 1991, Vol. 50, No. 1, pp. 62-66.	
	5	NUTT, D., Benzodiazepine Receptors in Alcohol Withdrawal Neuroschychopharmacology, May 1994, Vol. 10, No. 35, Part 1.	
	6	NUTT, D., Flumazenil in Alcohol Withdrawal, Alcohol & Alcoholism, 1992, Suppl. 2, pp. 337-341.	
	7	POTOKAR, J., Flumazenil in Alcohol Withdrawal: a Double-blind Placebo-controlled Study, Alcohol & Alcoholism, 1997, Vol. 32, No. 5, pp. 605-611.	
	8	Practice Management Information Corporation: International Classification of Diseases, 9 th Revision, Clinical Modification, Sixth Edition (ICD-9-CM), 2004, selected pages.	

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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